## **INSTRUCTIONS TO APPLICANTS**

TO BE CONSIDERED FOR STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

THE STATE EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR STATE EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.

### WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.

APPLY FOR ONE VACANCY PER APPLICATION.

GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).

LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.

CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN STATE GOVERNMENT. NORTH CAROLINA WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

Sex, age or absence of	disability is a low will in no	Equal Opportunity Information imination based on race, sex, color, crobona fide occupational qualification in way affect you as an applicant. Its sents of the population.	a small number of State jobs. The
Date of Birth  On YY (Month) (Day) (Year)  Gender  Male  X Female	impairment th (2) a record (Americans w The reporting NOT WISH to will be kept	at substantially limits one or more of the of such an impairment; or (3) being registry Disabilities Act of 1990). Persons with Disability is strictly VOLUNTAL report their disabilities should check item.	RY. Persons with disabilities who <b>DO</b> em A. Information reported on this form Public disclosure of this information
ETHNIC GROUP  1.  White (non-Hispani 2. X Black (non- 3.  Hispanic (Mexican,   Rican, Cuban, Cen   American, other Sp   regardless of race)  4.  Asian (including Pa   Islander)  5.  American Indian (in   Alaskan native)	c) -Hispanic) -Puerto tral or South anish origin	A X None/Prefer not to report B Blind or severely visually impaired C Deaf or severely hearing impaired D Loss of limited use of arms and/or hands E Non-ambulatory (must use wheelchair) F Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)	G ☐ Respiratory impairment H ☐ Nervous system/Neurological disorder I ☐ Mentally restored J ☐ Mental retardation K ☐ Learning disability L ☐ Others (heart disease, diabetes, speech impairment) M ☐ Other (please specify)

APPLICATION FOR EMPLOYMEN  (SSN Voluntary, for Record Keeping and Data Processing Only)						STAT ORTH C	E OF AROLII		Application /DD/YY
Social Security Nu 444-44-5555		Last Name Amos			First N Don			Middle N Denise	
Address (Street numl	per and name)	AIIIOS			City	IIa		County	<del>-</del>
302 Quail Str	eet	Zip Code	ln.	one (Heme or wher		ay-Varir		Wake	
North Carolin	a	27526		19) 567-555	Business Phone (919) 715-4444				
Availability Do you now work for the State of NC?  YES X NO		ood or marriage to any ationship to you and th			☐ YES X	□NO	Se	subject to Military ervice registration, ompliance by initia	certify ling dotted line
	orably in the Armed Fo			ty for reasons other	r than training	g? 🗌 YES :	X□ NO		
•	re a service-connected	•		agged votoron who	diad from an	ruino rolato	d roosons?		
	olication, are you the sure eligibility for veterans					ivice-relate	u reasons?	LI TES XLI NO	
•	r spouse's) qualifying a		acc of a dicast	od votoram. 🗀 12.	о х <u>а</u> но				
		parated:		Branch:			Rank _		
Are you a member of	the Military Reserves?								
	AGI	ENCY USE ONLY: EI	LIGIBILITY FOI	R VETERAN'S PRE	FERENCE:	☐ YES ☐	NO		
CHECK the types of	CHECK the types of work you will accept: X 1. Permanent full-time 2. Permanent part-time 3. Temporary full-time 4. Temporary part-time								
	5. Any of the preceding 6. Work involving Travel 7. Shift or Split Shift Work  If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.)								
Will you accept work anywhere in N.C.? ☐ YES X☐ NO (If no, list below the counties in which you would be willing to work.)									
1. Wake  Jobs Applied For	2. Durha	um	3.		4.			5.	
• • •	ific title(s) of the job(s) f	or which you are apply	ring. Please lis	t no more than thre	e on this app	lication.			
· ·	V 4462-2150-0000-339		-	V 4462-2420-0000		3.			
Referral Source									
Please indicate your		** • • • • • • • • • • • • • • • • • •	0 - 1 - 1 - 1		. 1 . 111				
Education	y the Employment Sec	urity Commission (Job	Service) pleas	e indicate which loo	ai office:				
Circle highest grade	completed: 1 2 3 4 5 ne hours of credit receiv			• ,	Graduate Sch	iool 1 2 3	4		
Schools	Name and	I Location	Dates At From:	tended (mo/yr) To:	Grad?	S/Q Hrs.	Major/Mii	nor Course Work	Type of Degree Received
High School	Mount Pleasant Rhode Island		MM/YY	MM/YY	YES X□ NO □				
College(s) University (s)	Community Colleg	e of Rhode	MM/YY	MM/YY	YES □ NO X□		Liberal a	rts	A/A
Graduate or Professional					YES 🗆 NO 🗆				
Other educational, vocational school,	Rhode Island Scho Electronic	ool of			YES X□ NO □		Digital Te	echnician	Associate
internships, etc. Special training progr	ams and seminars you	have completed in the	last five years	(list):	I.				
National Association	of Housing and Redeve	lopment Official – Cer	tified Public Ho	using Manager					
If the job(s) applied for	or calls for specific cours	ses, indicate those cou	ırses taken and	credits received:					
Computer courses	- Excel, Word, Pow	erPoint, Lotus 1,2,3							
Current professional	status: (List fields of wo	ork for which you have	been registere	d)					
Registration:			Sta	ate:				No	
Registration:			Sta	ate:				_No	
Membership in profes	ssional, honorary, or tec	chnical societies (list):				DO NO	T COMPL	ETE THIS BLO	СК
					□ F	ES AND lave been	PROFESS verified fied within	SIONAL CREDE 90 days (G.S.	NTIALS

Licenses and certifications (List, gi	ving dates and sources of	ssuance):				
SKILLS	as ata which you have:					
CHECK the following skills, experience  X☐ Driver's License 11111111	_	n Language	☐ Legal transcript	tion		
Number	State X□ For	eign language (specify) Spanish	Medical transcr			
☐ Chauffeur's License Number		ing Machine/calculator ing (specify WPM)	☐ Braille  60 wpm X☐ Word Processir	ng		
X ☐ Car for use at work		rthand/speedwriting (specify WPM)	) x Other Exce	I, PowerPoint, Lotus		
Have you ever been convicted of an o recently you were convicted will be ev			onviction does not mean you canno ] YES X□ NO (If yes, explai			
WORK HISTORY (include voluntee	er experience) Use Additiona	al Sheets if Necessary				
Current or Last Employer:		Address:	Dalaigh NC			
Temporary Solutions  Job Title:		116 W. Jones Street, F Supervisor's Name	Telephone Number	No. Supervised by you:		
Work Processor/Office Ass	sistant	Carolyn Ely	733-7999	0		
Date Employed (mo/yr) MM/YY	Starting Salary \$ 8.50 per hr	Ending or Current Salary \$10.00 per hr	Reason for Leaving Seeking Perm. position	May We Contact Employer YES X□ NO □		
Date Separated (mo/yr)		of their importance in the job:	Danartmant Daananai	hlitiaa inaluda farm		
N/A Full Time Years Months			n Department. Responsil the entire hospital thru W			
x 3 9	timeliness report v	eekly. Prepared memo'	s, letters and also assist			
Part Time Years Months	when they are hav	ing problems with word a	applications.			
If part time, number of hours worked per week:						
Employer:		Address:				
Office Team  Job Title:		Glenwood Avenue, Ra Supervisor's Name		No. Supervised by your		
Administrative Assistant, R	Receptionist	Lisa Shaylee	Telephone Number 787-6966	No. Supervised by you: 0		
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving	<u> </u>		
MM/YY	\$8.00 per hr	\$8.50 per hr.	Lack of work			
Date Separated (mo/yr) MM/YY	•	of their importance in the job:	cal company using Lotus	122 Dispatcher		
Full Time Years Months			eers and customers for r			
10		ce calls through IBM and				
Part Time Years Months						
If part time, number of hours worked per week:						
Employer:		Address:				
Office Specialist		Kildaire Farm Road, C	arv. NC			
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:		
Administrative Assistant	<del> </del>	Karen Smyth	469-5656	0		
Date Employed (mo/yr) MM/YY	Starting Salary \$9.50 per hr	Ending or Current Salary \$9.50 per hr	Reason for Leaving Assignment ended			
Date Separated (mo/yr)		of their importance in the job:	Assignment chaca			
MM/YY	Glaxo Wellcome -	performed administrativ	e/secretarial duties for m			
Full Time Years Months 2			es: advance word proce d message responsibiliti			
Part Time Years Months	j sonodding, teleph	ono anowoning, email an	a moodage rosponsibiliti	<del>.</del>		
. 50.0						
If part time, number of hours						
worked per week:						
I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)						
				MM/DD/YY		
Signature of Ap	plicant (unsigned applicat	ions will not be processed)		Date		

PD 107 A (Rev 3/95) Continuation Sheet -- Application for Employment

	A D O L IN A	Social Security Nu	ımher	Last Na	me
STATE OF NORTH C	AROLINA	444-44-5555			
An Equal Opportunity/Affirmative A	ction Employer	444-44-5555		Amos	
Employer:	Addres	s:			
Pawtucket Housing Authority		<u>d Street, Central F</u>		nd	
Job Title:	·	isor's Name	Telephone Number		No. Supervised by you:
Assistant Manager		nald Rams	401-727-6266		4
Date Employed (mo/yr)  Starting S	-		Reason for Leaving	4040	May We Contact Employer YES □ NO □
MM/yy \$9 Date Separated (mo/yr) List majo	per hr \$14 r duties in order of their imp	per hr	moved out of s	state	120 110 11
	d units, verify all inc	•	ıtina all tanante r	ant anni	ally or interim
	ed accounts receiv				
	s when in violation				1 compliance to
Part Time Years Months	5 WHOTH III VIOIGIOTI	or lease. Assign to	aono to inte otari.	•	
rait fille feats World's					
If part time, number of hours					
worked per week:					
·	T				
Employer:	Addres		Describianas Dis		1
Rhode Island Group Health  Job Title:		North Main Street, isor's Name	Telephone Number	ode Islai	No. Supervised by you:
Receptionist	· ·	y Carlotti	401/331-3000		0
Date Employed (mo/yr) Starting S		or Current Salary	Reason for Leaving		
MM/YY \$7.50	per hr. \$8.50	-	better job oppo	ortunity	
	r duties in order of their imp		potto: job oppt	J. Carriery	
			ointments and re	questing	lab work results for
	ysicians.	, 3, 11			,
1 11	,				
Part Time Years Months					
If part time, number of hours					
worked per week:					
Employer:	Addres	S:			
Blue Cross Blue Shield	1 We	ybossett Street, F	Providence, Rhoo	de Island	}
Job Title:		isor's Name	Telephone Number		No. Supervised by you:
Claim Examiner	Debb		N/A		0
Date Employed (mo/yr) Starting S		or Current Salary	Reason for Leaving		
MM/YY \$6	per hr \$7/25		better job oppo	ortunity	
	r duties in order of their imp	•	. 0		
		impa/Champas to	r payments. Co	aing torn	ns through ICOM 9
	and CPT.				
1 8					
Part Time Years Months					
If part time, number of hours					
worked per week:					
I certify that I have given true, accurate and com					
work, I authorize educational institutions, associat authorize investigation of all statements made in the statement of the s					
be grounds for rejection of my application, discipli	nary action or dismissal if I	am employed, and (or) cr	riminal action. I further	understand	
shall be mandatory if fraudulent disclosures are g	ven to meet position qualifi	cations (Authority: G.S. 1	126-30, G.S. 14-122.1.)		
				N	MM/DD/YY
Signature of Applicant (un	signed applications will	not be processed)			Date

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#### **Equal Opportunity Information** State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population. DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental **Date of Birth** impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. (Month) (Day) The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form Gender will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27. XMale Female **ETHNIC GROUP A**X None/Prefer not to report **G** ☐ Respiratory impairment White (non-Hispanic) **B** Blind or severely visually H Nervous system/Neurological 1. X 2. Black (non-Hispanic) impaired disorder 3. Hispanic (Mexican, Puerto C Deaf or severely hearing I ☐ Mentally restored J ☐ Mental retardation Rican, Cuban, Central or South impaired American, other Spanish origin **D** Loss of limited use of arms **K** ☐ Learning disability regardless of race) L ☐ Others (heart disease, diabetes, and/or hands 4. Asian (including Pacific Non-ambulatory (must use speech impairment) Islander) wheelchair) **M** ☐ Other (please specify) 5. American Indian (including F Other orthopedic impairment Alaskan native) (including amputation, arthritis, back injury, cerebral palsy, spinal bifida. etc.)

APPLICATION FOR EMPLOYMENT (SSN Voluntary, for Record Keeping and Data Processing Only)				, N		E OF AROLINA		f Application /DD/YY	
Social Security Nu 555-77-8888		Last Name Clark	ata Process	ing Only)	First N			Middle N	lame
Address (Street num	,	Clark			City			County	
215 Eagle Dr	ive	7:- 0-4-	l Di-	(11	Garne		Dunings D	Wake	
State North Carolin	а	Zip Code 27529		one (Home or where 19/661-8284	e you can be	reacned)	Business Pl None	none	
Availability Do you now work for the State of NC?  YES X NO		ood or marriage to any ationship to you and th			☐ YES X	□NO	Servi comp	,	
Do you wish to decla At the time of this ap Do you wish to decla	norably in the Armed Fore a service-connected olication, are you the sure eligibility for veteran r spouse's) qualifying a	disability?  YES X rviving spouse or dependence as the sp	NO endent of a dec	ceased veteran who	died from se S X□ NO	rvice-related	d reasons? □	YESX □ NO	
	the Military Reserves?	<u>-</u>	Branch:	Dranon. <u>cowo</u>			Rank:		_
	AG	ENCY USE ONLY: E					NO ON		_
If you are not availab	work you will accept: le for work now, enter the anywhere in N.C.?	☐ 5. Any of the precene earliest date you co	eding	. Work involving Tra (mo/day/yr.) ASAF	avel	. Shift or Sp	olit Shift Work	☐ 4. Tempo	orary part-time
1. Wake	2.		3.		4.		5.		
Jobs Applied For Enter below the spec 1. Accounting Techn	ific title(s) of the job(s) t		ving. Please lis ssing Assistar			lication. 3. Payroll (	Clerk		
Referral Source									
· ·	referral source: Job Va		Oi>I		-1 -#:				
Education Circle highest grade	completed: 1 2 3 4 5 he hours of credit received.	6 7 8 9 10 11 12	(GED) Co	ollege 1 2 3 4 0		nool 1 2 3	4		
Schools	Name and	Location	Dates A From:	ttended (mo/yr) To:	Grad?	S/Q Hrs.	Major/Minor	Course Work	Type of Degree Received
High School	Eastern High Scho Washington, DC	ool	MM/YY	MM/YY	YES □ NO X□				
College(s) University (s)	Southeastern Univ	ersity	MMYY	MM/YY	YES □ NO X□				
Graduate or Professional					YES   NO				
Other educational, vocational school, internships, etc.					YES 🗆 NO 🗆				
Special training prog IBM computer, All in house tra	rams and seminars you digital VI 100 co lining federal gov or calls for specific cour	omputer, digital vernment	VI 320 con	nputer, LA75 o	companic	n printer			
, toooditting i &									
Current professional Registration: n/a	status: (List fields of we	ork for which you have	-	•			Ne	).	
Registration: n/a								) )	
-	ssional, honorary, or ted						T COMPLET		OCK
n/a					□ F	ES AND Flave been	PROFESSIO verified fied within 90	NAL CREDE	NTIALS

Licenses and certifications (List, given	ving dates and sources of i	ssuance):		
SKILLS CHECK the following skills, experience	os etc. which you have:			
X Driver's License 5000011		n Language	☐ Legal transcrip	tion
Number	State  Fore	eign language (specify)	Medical transci	
☐ Chauffeur's License	State X ☐ Typ	ing Machine/calculator ing (specify WPM)	☐ Braille 35 wpm X☐ Word Processi	ng
X Car for use at work	☐ Sho	rthand/speedwriting (specify WPM)	) X□Other <u>Payr</u>	oll
Have you ever been convicted of an o recently you were convicted will be even				ot be hired. The offense and how in fully on an additional sheet.)
WORK HISTORY (include voluntee	er experience) Use Additiona	al Sheets if Necessary		
Current or Last Employer: Office of Thrift Supervision		Address: 1700 G Street, NW Wa	achington DC 20252	
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Employee Data Assistant I	II	Teresa Owens	202-906-7777	None
Date Employed (mo/yr) MM/YY	Starting Salary \$32561 per	Ending or Current Salary \$32561 per PA	Reason for Leaving Relocation	May We Contact Employer YES X□ NO □
Date Separated (mo/yr) MM/YY	Entered and maintained re		s, and requisitions. Maintained mo	
Full Time Years Months X 9			forms to employ, promote, adjust s	
, J	1.51			
If part time, number of hours				
worked per week:				
Forter		Latter		
Employer: Office of Thrift Supervision		Address: 1700 G Street, NW Wa	achington DC 20252	
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Lead Accounting Technicia	an	Debra Kornegay	202-906-4444	None
Date Employed (mo/yr) MM/YY	Starting Salary	Ending or Current Salary	Reason for Leaving	
Date Separated (mo/yr)	\$29308 per PA	\$32239 per of their importance in the job:	Advancement	
MM/YY	Maintained accounts paya	ble with an average turn-around of	two-weeks for processing. Assiste	
Full Time Years Months	adequate office coverage	during operating nours. Interviewe	ed and hired temporary employees	during neavy work periods.
x 1 9				
Part Time Years Months				
If part time, number of hours				
worked per week:				
Employer:		Address:		
Office of Thrift Supervision		1700 G Street, NW Wa	ashington, DC 20252	1
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you: None
Accounting Technician  Date Employed (mo/yr)	Starting Salary	Zack Law Ending or Current Salary	202-906-3333 Reason for Leaving	140110
MM/YY	\$26928 per	\$28454 per PA	Promotion	
Date Separated (mo/yr) MM/YY	•	of their importance in the job: ceivable. Averaged processing 20	0 entries/day with 98% accuracy.	
Full Time Years Months X 4 9				
Part Time Years Months				
If part time, number of hours				
worked per week:				
I certify that I have given true, accura work, I authorize educational institution authorize investigation of all statemen be grounds for rejection of my applicat shall be mandatory if fraudulent disclo	ns, associations, registration ts made in this application ar tion, disciplinary action or dis	and licensing boards, and others to ad understand that false information missal if I am employed, and (or) c	o furnish whatever detail is availab n or documentation, or a failure to o criminal action. I further understand	le concerning my qualifications. I disclose relevant information may
,,	J 1 11 111 111 11 11 11 11 11 11 11 11 1	,	,	MM/DD/YY
Signature of App	olicant (unsigned applicat	ions will not be processed)		Date

PD 107 A (Rev 3/95) Continuation Sheet -- Application for Employment

STATE OF NOR	TH CAROLIN	Δ	Social Security Nu	umber	Last Na	me
An Equal Opportunity/Aff		^	555-77-8888		Clark	
, ,,	irriative Action Employer	A 1.1				
Employer:		Address:		hington DC		
Bureau of the Public Debt Job Title:			<u>Sts., SW, Wasl</u> or's Name	Telephone Number		No. Supervised by you:
Detail in the Administrative	Asst		e Ryan	202/287-4046		None None
Date Employed (mo/yr)	Starting Salary	Ending S		Reason for Leaving		May We Contact Employer
MM/YY	\$16790 per PA		0 per PA	Promotion		YES NO
Date Separated (mo/yr)	List major duties in order of					
MM/YY						Responsible for the
Full Time Years Months	statistical reports,					
10						nation and udpate the
Part Time Years Months						e the budget system,
						me hours reported by
If part time, number of hours	the branch. Monito				nd contro	ol procurement,
worked per week:	overtime request a	ind perio	ormance awards.	į		
Employer:		Address:				
Bureau of the Public Debt			Sts. SW Wash			
Job Title:			or's Name	Telephone Number		No. Supervised by you:
Accounting Technician			va Davis	202/287-4299		None
Date Employed (mo/yr)	Starting Salary		r Current Salary	Reason for Leaving		
MM/YY	\$16218 per	\$ ************************************	per	advancement		
Date Separated (mo/yr) MM/YY	List major duties in order on Reconciled and ve			one: maintained	dicaron	ancy loge for all
Full Time Years Months						ntained specific loan
2 1	ledgers reviewed of					
Part Time Years Months	discrepancies. Ma					
rait fille feats Months						e and attendance logs
If part time, number of hours	for 26 employees.			ouratory. Mairita	inca tiint	o and attendance logo
worked per week:	101 20 01111109 0001		· toorminoidinoi			
·		ı				
Employer:		Address:		in atom DC		
Bureau of the Public Debt Job Title:			C Sts SW Wash or's Name	Telephone Number		No. Supervised by you:
Securities Examiner			Gwen Ross	202/287-4083		None
Date Employed (mo/yr)	Starting Salary		r Current Salary	Reason for Leaving		
MM/YY	\$11380 per PA		2 per PA	promotion		
Date Separated (mo/yr)	List major duties in order of					
MM/YY	Approved or disap	proved a	accounts maintai	ned by book ent	ry accou	nts section; examined
Full Time Years Months	tenders to ensure	the pres	ence and accura	icy information; e	dited inf	ormation to conform
4 4	with the bureau's g	juideline	; reviewed printo	outs to verify acc	uracy; tra	ained new securities
Part Time Years Months	examiners; examin	ned, edit	ed, corrected, up	dated and delete	ed estab	lished accounts which
	require servicing; of	contacte	d federal reserve	e banks and inve	stors by	phone or letter to
If part time, number of hours	obtain information.					
worked per week:						
I certify that I have given true, accura	te and complete information	on this form	n to the best of my know	wledge. In the event co	onfirmation i	s needed in connection with my
work, I authorize educational institutio	ns, associations, registration	and licensir	ng boards, and others to	o furnish whatever detai	l is available	e concerning my qualifications. I
authorize investigation of all statemen be grounds for rejection of my applica						
shall be mandatory if fraudulent disclo						
					ľ	MM/DD/YY
Signature of An	olicant (unsigned applicat	ions will n	ot be processed)			Date
oignatare of rep	( a o. gi ioa applioat		o p. o o o o o o o o o			

ST	ATF O	F NOF	RTH CAROLIN	Δ	Social Security N	umber	Last Na	ime
_	_	_			555-77-8888	3	Clark	
	i Equal Opp	portunity/All	firmative Action Employer					
	of the Pul	blic Debt			Sts Washing			,
Job Title:	0 D: . :				or's Name	Telephone Number		No. Supervised by you:
	& Distribu	ution	Otania - Calani		vynn Brown	202/447-1291		None None
Date Employ			Starting Salary \$6989 per	Ending S \$9793	per	Reason for Leaving promotion		May We Contact Employer YES ☐ NO ☐
Date Separa	ated (mo/yr)		List major duties in order on Received and main			ring bond applicat	tions, su	Ibmitted from
Full Time	Years	Months						overnment securities
	3	11						aminers; verified all
Part Time	Years	Months	procedures.	curacy; n	naintained a var	riety of logs which	require	ed basic bookkeeping
If part time, worked per	number of howeek:	ours						
Employer:				Address:				
Job Title:				Supervis	or's Name	Telephone Number		No. Supervised by you:
Date Employ	yed (mo/yr)		Starting Salary \$ per	Ending o	r Current Salary per	Reason for Leaving		
Date Separa	ated (mo/yr)		List major duties in order o			1		
Full Time	Years	Months						
Part Time	Years	Months						
If part time, worked per	number of howeek:	ours						
Employer:				Address:				
Job Title:				Supervis	or's Name	Telephone Number		No. Supervised by you:
Date Employ	yed (mo/yr)		Starting Salary \$ per	Ending o	r Current Salary per	Reason for Leaving		
Date Separa	ated (mo/yr)		List major duties in order o	f their impo	rtance in the job:			
Full Time	Years	Months						
Part Time	Years	Months						
If part time,	number of ho	ours						
worked per	week:							
work, I authorize involved be grounds	orize educati vestigation of for rejection	ional institutio f all statemen of my applica	ns, associations, registration its made in this application an	and licensin nd understar missal if I ar	ng boards, and others to and that false information on employed, and (or) o	to furnish whatever detail n or documentation, or a criminal action. I further u	l is available failure to d understand	is needed in connection with my e concerning my qualifications. I lisclose relevant information may that dismissal upon employment
							ſ	MM/DD/YY
_	Sign	nature of Ap	plicant (unsigned applicat	ions will no	ot be processed)			Date

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#### **Equal Opportunity Information** State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population. DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental **Date of Birth** impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" DD (Americans with Disabilities Act of 1990). Persons without a disability should check item A. (Month) (Day) The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form Gender will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27. $\mathbf{X}$ Female Male **A**X None/Prefer not to report **G** ☐ Respiratory impairment **ETHNIC GROUP** 1. White (non-Hispanic) **B** Blind or severely visually H Nervous system/Neurological 2. X□ Black (non-Hispanic) impaired disorder 3. Hispanic (Mexican, Puerto C Deaf or severely hearing I ☐ Mentally restored **J** ☐ Mental retardation Rican, Cuban, Central or South impaired American, other Spanish origin **D** Loss of limited use of arms **K** ☐ Learning disability regardless of race) L ☐ Others (heart disease, diabetes, and/or hands 4. Asian (including Pacific Non-ambulatory (must use speech impairment) Islander) **M** ☐ Other (please specify) wheelchair) 5. American Indian (including F Other orthopedic impairment (including amputation, arthritis, Alaskan native) back injury, cerebral palsy, spina bifida, etc.)

	ICATION Voluntary, for Recor						TE OF SAROLINA		f Application 8, 2005	
Social Security Nu 245-22-7777	mber	Last Name Heard	Data i roces	sing Only)	Firs	st Name		Middle N	lame	
Address (Street numl		ricara			City	111		County		
404 Gate Driv	/e				Gar	ner		Wake		
State North Carolin	a	Zip Code <b>27529</b>		hone (Home or whe 919) 755-579		be reached)		Business Phone (919) 733-5429		
Availability Do you now work for the State of NC? X YES NO	Are you related by bloc If yes, give name, relat Denise Perry – I	ionship to you and	the agency who	ere employed.	e X□YE	S 🗆 NO	Service complia	•		
Military Service Have you served hon	orably in the Armed Force	es of the United St	ates on active d	uty for reasons othe	er than trair	ning?  YES	X□ NO			
Do you wish to decla	re a service-connected dis	sability?   YES X	□ NO							
At the time of this app	olication, are you the surv	iving spouse or de	pendent of a de	ceased veteran who	died from	service-relate	d reasons? 🗌 Y	'ES X□ NO		
Do you wish to decla	re eligibility for veterans p	reference as the s	pouse of a disat	oled veteran? 🗌 YE	S X□ NO					
, ,	r spouse's) qualifying acti	•								
	Sepa									
Are you a member of	the Military Reserves?	] YES X□ NO	Branch:				Rank:			
	AGEN	NCY USE ONLY:	ELIGIBILITY FO	OR VETERAN'S PR	EFERENC	E: NES	NO			
		5. Any of the pre	eceding 🔲 (	<ol> <li>Permanent part-t</li> <li>Work involving T</li> </ol>	ravel 🗌	<ul><li>3. Temporar</li><li>7. Shift or Sp</li></ul>	-	☐ 4. Tempo	orary part-time	
	le for work now, enter the anywhere in N.C.? ☐ YE					willing to work	.)			
1. Wake	2.		3.		4.		5.			
Jobs Applied For										
	ific title(s) of the job(s) for		olying. Please li	st no more than thre	ee on this a					
-	nt IV 4462-2150-0000-33	9 2.				3.				
Referral Source	referral source: Internet/\	/acanay								
<del>-</del>	by the Employment Securi		bb Service) plea	se indicate which lo	cal office:					
	completed: 1 2 3 4 5 6 he hours of credit received				Graduate S	School 1 2 3	4			
Schools	Name and L		From:	Attended (mo/yr) To:	Grad?		Major/Minor C	ourse Work	Type of Degree Received	
High School	Needham B. Brough 723 St. Mary's Stree		MM/YY	MM/YY	YES X[					
College(s)	720 Ot. Mary 3 Office	,,			YES 🗆					
University (s)					NO 🗆					
Graduate or Professional					YES 🗌					
Other educational, vocational school, internships, etc.	Rutledge Bus. Colle 211 W. Martin Stree	-	MM/YY MM/YY	MM/YY MM/YY	YES  NO X		Jr. Accountin Computer	g	N/A	
	rams and seminars you ha	ave completed in t	he last five year	s (list):	II.	· ·	U.			
Wordperfect, V	Vindows, NCAS									
If the job(s) applied for	or calls for specific course	s, indicate those c	ourses taken an	d credits received:						
•	status: (List fields of work	•	ū	ed) tate:			No.			
				tate:						
wiembersnip in prote	ssional, honorary, or techi	iicai sucieties (IIST,				REES AND Have been	fied within 90	IAL CREDE	ENTIALS	

Licenses and certifications (List, gi	ving dates and sources of	issuance):		
SKILLS				
CHECK the following skills, experience	es, etc., which you have:			
X Driver's License <u>77777777</u> Number		n Language eign language (specify)	☐ Legal transcript☐ Medical transcr	
☐ Chauffeur's License	X 🗆 Add	ling Machine/calculator	☐ Braille	•
Number X ☐ Car for use at work		ing (specify WPM) rthand/speedwriting (specify WPM)	50 wpm X Word Processir ☐ Other	ng 
Have you ever been convicted of an o recently you were convicted will be ev				t be hired. The offense and how n fully on an additional sheet.)
WORK HISTORY (include voluntee	er experience) Use Additiona	al Sheets if Necessary		
Current or Last Employer:		Address:		
DEHNR Postal Center  Job Title:		512 N. Salisbury Stree Supervisor's Name	Telephone Number	No. Supervised by you:
Mail Clerk II		Neil Avis	733-2222	none
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving	May We Contact Employer
MM/YY	\$14,166 per	\$24000 per yr.	salary	YES X□ NO □
Date Separated (mo/yr) N/A	·	of their importance in the job: ostal billing charges. Ent	er changes in accounting	n structure and alert
Full Time Years Months		nges. Prepare cash disb		
x 9 10		n of invoices and accura		
Part Time Years Months		ibution. File monthly rep		
	productions statist	ics invoices, blank forms	and administrative files.	
If part time, number of hours				
worked per week:				
Employer:		Address:		
DEHNR Printshop  Job Title:		225 N. McDowell Street Supervisor's Name	et Telephone Number	No. Supervised by you:
Clerk II		Mary Bell	(919)773-5555	none
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving	
MM/YY	\$14,186 per YR	\$14,186 per YR	Transfer	
Date Separated (mo/yr)		of their importance in the job:	draga all material mailed	from printabon Work
MM/YY  Full Time Years Months		nting office, label and ad nent operating collectors,		
1 3		ng press when needed.		
Part Time Years Months			,	
If part time, number of hours				
worked per week:				
Employer:		Address:		
Health Services Mailroom		225 N. McDowell Stree Supervisor's Name	et Telephone Number	No Companies de la companie
Job Title: Clerk II		Larry O. Cedar	(919) 715-7171	No. Supervised by you: none
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving	1
MM/YY	\$13000 per YR	\$14186 per YR	Dept. reorganization	
Date Separated (mo/yr)	-	of their importance in the job:	F	
MM/YY		ons for printed forms for		
Full Time Years Months 1 11		ing mail. Operate compuest that required stapling,		
Part Time Years Months		to prepare for mailing. A		
Tart Time Tears Working	divisions and upda		toolot iii propariiig labolo	
If part time, number of hours	'	0		
worked per week:				
I certify that I have given true, accura work, I authorize educational institutio authorize investigation of all statemen be grounds for rejection of my applica	ns, associations, registration ts made in this application ar	and licensing boards, and others to ad understand that false information	o furnish whatever detail is available n or documentation, or a failure to c	e concerning my qualifications. I disclose relevant information may
shall be mandatory if fraudulent disclo			126-30, G.S. 14-122.1.)	
				MM/DD/YY
Signature of Ap	plicant (unsigned applicat	tions will not be processed)		Date

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_			
Sex, age or absence of	disability is a low will in no	Equal Opportunity Information imination based on race, sex, color, cr bona fide occupational qualification in way affect you as an applicant. Its sents of the population.	a small number of State jobs. The
Date of Birth  MM DD YY  (Month) (Day) (Year)  Gender  Male X  Female	impairment th (2) a record (Americans w The reporting <b>NOT WISH</b> to will be kept	"Disability means, with respect to an at substantially limits one or more of the of such an impairment; or (3) being registry the disabilities of 1990. Persons with of a disability is strictly VOLUNTAL or report their disabilities should check it is confidential as required by State law. consent would be a violation of G.S. 126	e major life activities of such individual; garded as having such an impairment" thout a disability should check item A. RY. Persons with disabilities who DO em A. Information reported on this form Public disclosure of this information
ETHNIC GROUP  1. X White (non- 2. Black (non-Hispanic) 3. Hispanic (Mexican, Rican, Cuban, Centan, other Sparegardless of race) 4. Asian (including Palslander) 5. American Indian (in Alaskan native)	c) Puerto tral or South anish origin cific	A X None/Prefer not to report B ☐ Blind or severely visually impaired C ☐ Deaf or severely hearing impaired D ☐ Loss of limited use of arms and/or hands E ☐ Non-ambulatory (must use wheelchair) F ☐ Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)	G ☐ Respiratory impairment H ☐ Nervous system/Neurological disorder I ☐ Mentally restored J ☐ Mental retardation K ☐ Learning disability L ☐ Others (heart disease, diabetes, speech impairment) M ☐ Other (please specify)

	APPLICATION FOR EMPLOYMEN  (SSN Voluntary, for Record Keeping and Data Processing Only)						E OF AROLINA		f Application /DD/YY
Social Security Nu 238-43-5374	mber	Last Name Murray			First N	_		Middle N B.	lame
Address (Street num 2331 Grant	·				City Rale	igh		County Wak	е
State NC		Zip Code <b>27608</b>		none (Home or where 919/828-555		reached)	Business Pho <b>919/85</b>		
Availability Do you now work for the State of NC?  YES X NO		ood or marriage to any ationship to you and th			e □YES X	□NO	Service complia	•	
Do you wish to declar At the time of this ap Do you wish to declar Give dates of your (content of the content o	work you will accept: 2 le for work now, enter the anywhere in N.C.? Yes.  2. lific title(s) of the job(s) for Asst. IV 4462-2	disability?  YES X viving spouse or deperviving spouse or deperpreference as the spottive military service:    YES X NO	NO Indent of a decuse of a disable state of a disab	beased veteran who cled veteran?	e on this app	YES Temporar Shift or Spling to work.	Rank		
Education Circle highest grade	completed: 1 2 3 4 5 he hours of credit receiv	6 7 8 9 10 11 12	GED Col	llege 1 2 3 (4)			4		
Schools	Name and	Location	From:	attended (mo/yr) To:	Grad?	S/Q Hrs.	Major/Minor C	ourse Work	Type of Degree Received
High School	Grimsley High So Greensboro, Nor		MM/YY	MM/YY	YES X□ NO □				
College(s) University (s)	North Carolina St Raleigh, North Ca		MM/YY	MM/YY	YES X	137	Zoology		BS
Graduate or Professional					YES  NO				
Other educational, vocational school, internships, etc.					YES  NO				
If the job(s) applied for the contract of the	or calls for specific cours	es, indicate those cou	rses taken an been registere	d credits received:			No.		
									<u>_</u>
	ssional, honorary, or tec				DEGRE	DO NO ES AND I	T COMPLETE PROFESSION verified fied within 90	THIS BLO	OCK ENTIALS

Licenses and certifications (List, giving dates and sources of issuance):							
SKILLS							
CHECK the following skills, experienc  X Driver's License 8273654	-	ı Language	☐ Legal transcripti	ion			
Number	State	eign language (specify)	☐ Medical transcri				
☐ Chauffeur's License Number		ing Machine/calculator ng (specify WPM)	☐ Braille  65 wpm X☐ Word Processin	α			
X ☐ Car for use at work		rthand/speedwriting (specify WPM)					
Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)							
WORK HISTORY (include volunte	WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary						
Current or Last Employer:  Quality Aero Technology	Current or Last Employer: Address:  Quality Aero Technology 3015 Barrow Drive Raleigh, NC 27616						
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:			
Office Manager		Kurt Nobs	919/850-7722	0			
Date Employed (mo/yr) MM/YY	Starting Salary \$ 8.50 per hr	Ending or Current Salary \$12.00 per hr	Reason for Leaving Promotional opps.	May We Contact Employer YES ☐ NO X☐			
Date Separated (mo/yr)		f their importance in the job:					
N/A Full Time Years Months			ral clerical work (typing men e requisitions and orders, ge				
4 11			counting department with ac				
Part Time Years Months			arrangements for employee				
			nd handle all company bank form tasks in a Windows 3.1				
If part time, number of hours	Excel 4.0, Word 6.0		UIIII lasks III a WIIIUUWS S. I	environment using			
worked per week:							
Employer:		Address:					
Radiant Systems			eet Raleigh, NC 27604				
Job Title:	miat	Supervisor's Name Frank Williams	Telephone Number	No. Supervised by you:			
Date Employed (mo/yr)	Office Assistant/Receptionist  Date Employed (mo/yr) Starting Salary		919/836-1627 Reason for Leaving	0			
MM/YY	\$ 7.00 per hr	Ending or Current Salary \$ 7.50 per	Limited pay and bene	efits			
Date Separated (mo/yr)	· · · · · · · · · · · · · · · · · · ·	f their importance in the job:					
MM/YY			general clerical duties (typ				
Full Time Years Months	and faxing), perform customer mailings (invoices, statements, quotes, and product literature), organized and maintained product catalogs, reorganized and maintained all						
9							
Part Time Years Months	customer and vendor files. Performed tasks in an Apple/Macintosh environment using MS Work and Access.						
If part time, number of hours		3001					
worked per week:							
Employer:		Address:					
Capital Creations Courme	et Pizza	3055 Medlin Drive F	Raleigh, NC 27607				
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:			
Assistant Manager/Shift L		Greg Gimble	919/782-7080	8			
Date Employed (mo/yr) MM/YY	Starting Salary \$ 5.50 per	Ending or Current Salary \$ 7.25 per	Reason for Leaving Still working part time	(8-10 bre/wk )			
Date Separated (mo/yr)	•	f their importance in the job:	Our working part time	(0-10 1113/WK.)			
,			and paper work on comp	uterized cash			
Full Time Years Months			ders based on store inve				
1 5	new employees, a	nd make daily bank depo	osits.				
Part Time Years Months							
7 2							
If part time, number of hours worked per week: 8-10							
·							
I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may							
be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)							
Shall be manualory if ifaudulefil discid	oures are given to meet posit	ion quaimeations (Authority: G.S.	,				
			<u>_</u>	MM/DD/YY			
Signature of Ap	plicant (unsigned applicat	ions will not be processed)		Date			

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Date of Birth  MM DD YY  (Month) (Day) (Year)  Gender  Male X  Female	impairment th (2) a record (Americans w The reporting <b>NOT WISH</b> to will be kept	"Disability means, with respect to an at substantially limits one or more of the of such an impairment; or (3) being registry the disabilities of 1990. Persons with of a disability is strictly VOLUNTAL or report their disabilities should check it is confidential as required by State law. consent would be a violation of G.S. 126	e major life activities of such individual; garded as having such an impairment" thout a disability should check item A. RY. Persons with disabilities who DO em A. Information reported on this form Public disclosure of this information			
ETHNIC GROUP  1. X White (non-Hispanic)  2. Black (non-Hispanic)  3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)  4. Asian (including Pacific Islander)  5. American Indian (including Alaskan native)		A X None/Prefer not to report B ☐ Blind or severely visually impaired C ☐ Deaf or severely hearing impaired D ☐ Loss of limited use of arms and/or hands E ☐ Non-ambulatory (must use wheelchair) F ☐ Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)	G ☐ Respiratory impairment H ☐ Nervous system/Neurological disorder I ☐ Mentally restored J ☐ Mental retardation K ☐ Learning disability L ☐ Others (heart disease, diabetes, speech impairment) M ☐ Other (please specify)			

	ICATION Voluntary, for Reco				No		E OF AROLIN		f Application /DD/YY
Social Security No. 000-66-7667	umber	Last Name O'Neel			First Name Mona			Middle Name Gina	
Address (Street nun					City			County	
409 Galvesto	on Court	Zin Codo	Inh	one (Home or wher	Cary	ropohod)	Business F	Wake	
North Carolin						355-3344			
Availability Do you now work for the State of NC?  X YES NO  NO  Are you related by blood or marriage to any person now working for the State YES X NO  If subject to Military Selection Service registration, certification, certification in the state of NC?  X YES NO  NO  NO  NO  NO  NO  NO  NO  NO  NO					, certify ling dotted line				
•									
·	oplication, are you the sur are eligibility for veterans	•				rvice-related	d reasons?	] YES X□ NO	
-	or spouse's) qualifying ac	tive military service:							
	Sep of the Military Reserves?	arated:	Branch:	Branch:			Rank		
Are you a member o									<del>.</del>
,	AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE: \Rightarrow YES \Rightarrow NO  CHECK the types of work you will accept: X \Rightarrow 1. Permanent full-time \Rightarrow 2. Permanent part-time \Rightarrow 3. Temporary full-time \Rightarrow 4. Temporary part-time \Rightarrow 5. Any of the preceding \Rightarrow 6. Work involving Travel X \Rightarrow 7. Shift or Split Shift Work  If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) ASAP								
-	k anywhere in N.C.?  Y		_			ing to work.	)		
1. Wake	2. Durha	m	3. Johnsto	on	4.		5	i.	
Enter below the spe	Jobs Applied For  Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.  1. Processing Assistant IV  2. HCT Adult Admissions  3.								
Referral Source	DUILI	2.1/	•						
-	r referral source: DHHS by the Employment Secu	•	_	e indicate which loc	cal office:				
0 0	If you were referred by the Employment Security Commission (Job Service) please indicate which local office:  Education  Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 ( 4) Graduate School 1 2 3 4  Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.								
Schools	Name and	Location	Dates At From:	ttended (mo/yr) To:	Grad?	S/Q Hrs.	Major/Mino	r Course Work	Type of Degree Received
High School	Norman Thomas, N	NY	MM/YY	MM/YY	YES □ NO X□				
College(s) University (s)	Durham Tech, NC		MM/YY	MM/YY	YES X		Nursing		
Graduate or Professional					YES   NO				
Other educational, vocational school, internships, etc.					YES 🗆 NO 🗆				
	grams and seminars you l	nave completed in the	last five years	(list):					
CPR									
If the job(s) applied	for calls for specific cours	es, indicate those cou	rses taken and	credits received:					
Current professional status: (List fields of work for which you have been registered)  Registration: NC Division of Facility Services State: NC No. DFS992266									
Registration:			Sta	ate:			N	lo	
Membership in professional, honorary, or technical societies (list):  DO NOT COMPLETE THIS BLOCK  DEGREES AND PROFESSIONAL CREDENTIALS  Have been verified  Will be verified within 90 days (G.S. 126-30)  Person Responsible:				ENTIALS					

Licenses and certifications (List, giving dates and sources of issuance):  State of North Carolina Division of Facility Services MM/DD/YY							
SKILLS							
CHECK the following skills, experiences				#t			
X Driver's License <u>8306195</u> Number	State	ı Language eign language (specify)	☐ Legal transcrip☐ Medical transcrip☐				
☐ Chauffeur's License Number		ing Machine/calculator ng (specify WPM)	☐ Braille  50 wpm X☐ Word Processi	na			
X ☐ Car for use at work		rthand/speedwriting (specify WPM)					
Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)							
WORK HISTORY (include volunteer	experience) Use Additiona	-					
Current or Last Employer:		Address:	Inimh NO 07000				
Dorothea Dix Hospital  Job Title:		820 Boylan Ave., Ral Supervisor's Name	Telephone Number	No. Supervised by you:			
Processing Assistant IV		Sue Suez	733-0008	0			
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving	May We Contact Employer			
MM/YY	\$ \$8.50 per	\$10.00 per hr	presently	YES X□ NO □			
Date Separated (mo/yr) N/A	•	of their importance in the job:	enter information and data	o on computer Assist			
Full Time Years Months  x 3 8  Part Time Years Months  If part time, number of hours  worked per week:		ients and staff with gene	eral information. Handle				
Employer:		Address:					
Rex Healthcare		4450 Lake Boone Tra	ail Raleigh, NC 27607				
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:			
Perinatal Tech/Unit Secret	,	Missy Kruze	467-6194	0			
Date Employed (mo/yr)  Starting Salary		Ending or Current Salary \$ 8.32 per hr.	Reason for Leaving	Reason for Leaving Family			
MM/YY Date Separated (mo/yr)	\$ 8.04 per hr List major duties in order o	\$ 8.32 per hr. If their importance in the job:	Fairilly				
MM/YY			ents in Rex's Family Birth	ning Center as well as			
Full Time Years Months X 2 1	performing secretarial duties such as transcribing doctors orders and charting entering and retrieving information on medical systems computer.						
Part Time Years Months							
If part time, number of hours worked per week:							
Employer:		Address:					
Interim Health		4300 Six Forks Road	Raleigh, NC 27609	Suite 120			
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:			
Health Care Tech	01. 11. 0.1.	Catherine Jones	420-0336	0			
Date Employed (mo/yr) MM/YY	\$ 7.50 per hr	Ending or Current Salary \$ per	Reason for Leaving				
Date Separated (mo/yr) MM/YY							
Full Time Years Months	Trovidoo Abrada						
Part Time Years Months							
х 3							
If part time, number of hours							
worked per week: 6							
I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)							
				MM/DD/YY			
Signature of Applicant (unsigned applications will not be processed)				Date			